

FIG. 1

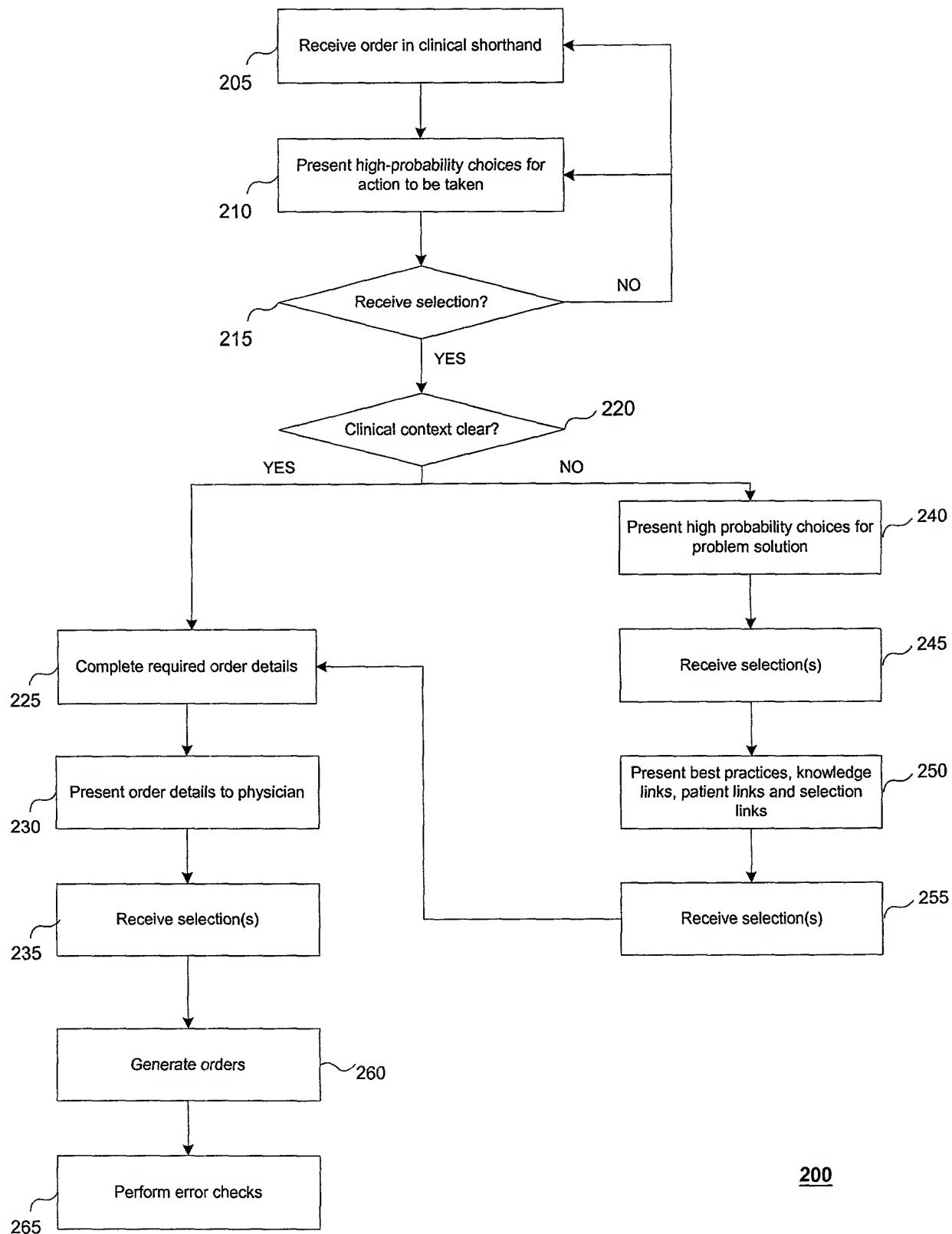


FIG. 2

CASS Popup

Treatment Advisor for Deep Vein Thrombosis, Pulmonary Embolism, and Acute Coronary Syndrome in Adults
Care Improvement Committee: Approved 7/1/99; Updated 12/4/00

You have started an order for a V/Q scan

HELP

Please select the desired course of action under the appropriate indication for a V/Q scan and click OK when done

Suspected Diagnosis of DVT: Initiate diagnostic testing and

DVT

☐ Initiate IV heparin bolus as interim measure

☐ Initiate definitive therapy with IV heparin and warfarin**

Confirmed Diagnosis of DVT:

☐ Initiate therapeutic IV heparin and warfarin

Suspected Diagnosis of PE: Initiate diagnostic testing and

PE

☒ Initiate IV heparin bolus as interim measure

☐ Initiate definitive therapy with IV heparin and warfarin**

Confirmed Diagnosis of PE:

☐ Initiate therapeutic IV heparin and warfarin

Acute Coronary Syndrome

ACS

☐ Initiate treatment for ACS

Other

☐ Return to CASS to complete order to other diagnosis

OK

CANCEL

**There are no evidence-based guidelines regarding initiating definitive therapy when the diagnosis is not yet confirmed. This decision requires careful assessment and documentation of risks and benefits. May be appropriate when clinical suspicion is high or when diagnostic testing is delayed.

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Major Contraindications to IV Heparin Therapy

intracranial hemorrhage
active internal bleeding
bleeding peptic ulcer
malignant hypertension
heparin-induced thrombocytopenia w/in past 3 months
concern for spontaneous bleeding
surgery/invasive procedure planned/likely
anticipated use of thrombolytic agents immediately

OTHER CONTRAINDICATIONS

Information and Recommendations (links)

[DIAGNOSTIC TESTS TO CONFIRM/EXCLUDE DVT](#)

[MEDICAL THERAPY OF ACUTE DVT](#)

[MEDICAL THERAPY OF ACUTE PE](#)

[HEPARIN-INDUCED THROMBOCYTOPENIA](#)

[LOW MOLECULAR WEIGHT HEPARIN](#)

FIG. 3

400

CASS Popup

Temporary IV heparin for Suspected PE in Adults During Testing

402

Guidelines for suspected PE evaluation are listed below:

- obtain a baseline PTT, PT/INR, CBC with platelets if necessary 404
- check for contraindications to heparin therapy [CONTRAINDICATIONS]
- if no contraindications, give heparin 5000 units IV [INFO ON HEPARIN-INDUCED THROMBOCYTOPENIA]
- order imaging study to confirm diagnosis [INFO ON TESTS TO CONFIRM OR EXCLUDE PE]

Orders you may wish to consider (check to order) - order only necessary items (duplicate order checking not done on this page).

- ☒ Bolus with I.V. heparin (U)
- ☒ baseline PTT now (if necessary) 412
- ☒ baseline PT/INR now (if necessary) 406
- ☒ baseline CBC with platelets now (if necessary) 410

Current Date and Time: 4/18/2001 8:19 AM		
Anticoag Meds	Dose	Date
No Anticoagulant Meds		
Labs	Value	Date
PTT	None Available	
INR	None Available	
Platelet Count	None Available	
PCV	None Available	

Diagnostic Test for PE

414a

- ☒ V/Q Scan (0800-2300, everyday) -or-
- ☐ Spiral CT (24 hours a day, everyday), only useful for detecting large central pulmonary embolism 414

408

Reason for Test (required):

- ☐ Hemoptysis
- ☐ Painful Respiration
- ☐ Respiratory Distress
- ☐ Other
- ☐ Acute Pulmonary Heart Disease, Other
- ☐ Chest Discomfort, Pressure, or Tightness 416
- ☐ Respiratory Abnormality (unsp)

416a

416b

I am not doing some/all suggestions above because:

Order the selected items

418

Clear selections

420

Cancel

422

FIG. 4

500

CASS Popup

502

Guidelines for Weight-Based Dose Adjustments of IV heparin for confirmed DVT/PE

Care Improvement Committee (Approved 12-1-99) 504

Patient Weight = 77 kgs, Current Heparin Drip = 1390 U/Hr. Recommendations based on these values (indicated below in *italics*) require a PTT which was obtained at least 4-6 hours after the last change in the heparin drip 506

PTT (seconds)	Dose change (U/kg/hr)	Additional Action	Next PTT (hours)	Click to use
< 50	+4 (<i>1390 + 310 = 1700 U/Hr</i>)	Rebolus w/80 U/kg (<i>80 x 77 kg = 6200 Units</i>)	6	<input type="button" value="A"/> 508a
50-64	+2 (<i>1390 + 150 = 1540 U/Hr</i>)	Rebolus w/40 U/kg (<i>40 x 77 kg = 3100 Units</i>)	6	<input type="button" value="B"/> 508b
65-110	0	None	6	
111-160	-2 (<i>1390 - 150 = 1240 U/Hr</i>)	None	6	<input type="button" value="C"/> 508c
>160	-4 (<i>1390 - 230 = 1160 U/Hr</i>)	Stop infusion one hour	6	<input type="button" value="D"/> 508d

508

Orders you may wish to consider (check to order):

- ☒ Stop heparin for 1 hr
☒ change heparin infusion to (U/hr)
☐ Rebolus heparin IV (U)
☐ continue heparin infusion without change

510

516

514

512

Current Date and Time: 4/18/2001 9:16 AM

Anticoag Meds	Dose	Date
Heparin drip	1390 U/hr	4/18/2001 9:10 AM
Heparin bolus	6200 U	4/18/2001 9:10 AM
Warfarin	2.5 mg QHS	4/18/2001 10:00 PM

Labs	Value	Date
PTT	None Available	
INR	None Available	
Platelet Count	None Available	
PCV	None Available	

If any of the above recommendations are inappropriate, please explain:

518

Order the selected items

520

Clear selections

522

Cancel

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FIG. 5